

DO/EO WORKSHEET

Paralegal/National Stage Division

U.S. Appl. No. 10/524844International Appl. No. JP03/10521Application filed by: ☐ 20 months ☒ 30 months

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INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE:

☒ International Application (RECORD COPY)☐ Article 19 Amendments☐ PCT/IPEA/409 IPER: ☐ EP ☐ JP ☐ SE ☐ AU☐ US ☐ FR ☐ CN ☐ ES ☐ RU ☐ AT ☐ KR ☐ _____☐ Annexes to 409☒ Priority Document (s) No. 1☐ PCT/IB/331☒ Request form PCT/RO/101☐ PCT/ISA/210 - Search Report: ☐ EP ☐ JP ☐ SE ☐ AU☐ US ☐ FR ☐ CN ☐ ES ☐ RU ☐ AT ☐ KR ☐ _____☐ Search Report References☐ Other: _____

RECEIPTS FROM THE APPLICANT (other than checked above):

☒ Basic National Fee (or authorization to charge)☒ Description ☒ Claims ☒ Abstract☒ Drawing Figure(s) - (# of drwgs. 5)☐ Translation of Article 19 Amendments☐ entered ☐ not entered:☐ not a page for page substitution
☐ replaced by Article 34 Amendment☐ Annexes to 409☐ entered ☐ not entered:☐ not a page for page substitution
☐ other: _____☐ Application Data Sheet☐ Power of Attorney/ Change of Address☒ Preliminary Amendment(s) Filed on:

1. _____ 2. _____ 3. _____

☒ Information Disclosure Statement(s) Filed on:

1. _____ 2. _____ 3. _____

☒ Assignment Document (forwarded to Assignment Branch)☐ Assignee PG Publication Notice☐ Substitute Specification Filed on:

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☐ Verified Small Status Statement☒ Oath/ Declaration (executed)☐ DNA Diskette☐ Sequence Listing☐ Other: _____

NOTES:

☐ I.A. used as Specification ☐ Other: _____

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements (no EP requested)

Date of Completion of DO/EO 903 - Notification of Acceptance

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 909 - Notification of Abandonment

Date of Completion of DO/EO 916 - Notification of Defective Response

Date of Completion of DO/EO 922

Date of Completion of DO/EO 923

17 Feb 05

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																																																			
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3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 60%;">Filing</td><td style="width: 15%; text-align: center;">1</td><td style="width: 15%; text-align: center;">2/17/05</td><td style="width: 5%; text-align: center;">\$</td><td style="width: 10%; text-align: center;">100</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	2/17/05	\$	100	<input type="checkbox"/>	Amendment			\$		<input type="checkbox"/>	Extension of Time			\$		<input type="checkbox"/>	Notice of Appeal/Appeal			\$		<input type="checkbox"/>	Petition			\$		<input type="checkbox"/>	Issue			\$		<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$		<input type="checkbox"/>	Maintenance			\$		<input type="checkbox"/>	Assignment			\$		<input type="checkbox"/>	Other			\$		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 55%; padding: 5px;">4 PAPER NUMBER</td> <td style="width: 20%; padding: 5px;">5 DATE FILED</td> <td style="width: 25%; padding: 5px;">6 AMOUNT</td> </tr> <tr> <td colspan="3" style="padding: 5px;"> 7 TOTAL AMOUNT OF REFUND \$ 100 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> 8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Treasury Check</td> <td style="width: 50%; padding: 5px;">Credit Deposit A/C #:</td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;"> 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">1</td> </tr> </table> </td> </tr> </table> </td> </tr> </table>			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	7 TOTAL AMOUNT OF REFUND \$ 100			8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Treasury Check</td> <td style="width: 50%; padding: 5px;">Credit Deposit A/C #:</td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;"> 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">1</td> </tr> </table> </td> </tr> </table>			Treasury Check	Credit Deposit A/C #:	<input checked="" type="checkbox"/>	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">1</td> </tr> </table>	1	5	--	0	4	6	1
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